

1 10A NCAC 14C .2103 is proposed as a temporary rule as follows:

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3 **10A NCAC 14C .2103 PERFORMANCE STANDARDS**

4 (a) In projecting utilization, the ~~existing, approved and proposed~~ operating rooms shall be considered to be available
5 for use five days per week and 52 weeks a year.

6 (b) A proposal to establish a new ambulatory surgical facility, to increase the number of operating rooms (excluding
7 dedicated C-section operating rooms), to convert a specialty ambulatory surgical program to a multispecialty
8 ambulatory surgical program or to add a specialty to a specialty ambulatory surgical program shall not be approved
9 unless the applicant ~~documents that the average number of surgical cases per operating room to be performed in~~
10 ~~each facility owned by the applicant in the proposed service area, is reasonably projected to be at least 2.4 surgical~~
11 ~~cases per day for each inpatient operating room (excluding dedicated open heart and dedicated C-Section operating~~
12 ~~rooms), 4.8 surgical cases per day for each outpatient or ambulatory surgical operating room, and 3.2 surgical cases~~
13 ~~per day for each shared operating room during the third year of operation following completion of the project.~~
14 reasonably demonstrates the need for the number of proposed operating rooms in the facility, which is the subject of
15 this review, in the third operating year of the project based on the following formula: {(Number of facility's
16 projected inpatient cases, excluding dedicated open heart and C-section cases, times 3.0 hours) plus (Number of
17 facility's projected outpatient cases times 1.5 hours)] divided by 1872 hours} minus the facility's total number of
18 existing, approved and proposed operating rooms. The number of rooms needed is the positive difference rounded
19 to the next highest number for fractions of 0.50 or greater.

20 (c) A proposal to establish a new ambulatory surgical facility, to increase the number of operating rooms (excluding
21 dedicated C-section operating rooms), to convert a specialty ambulatory surgical program to a multispecialty
22 ambulatory surgical program or to add a specialty to a specialty ambulatory surgical program shall not be approved
23 unless the applicant reasonably demonstrates the need for the number of proposed operating rooms in addition to the
24 rooms in its licensed facilities identified in response to 10A NCAC 14C .2102(b)(2) based on the following formula:
25 {[(Number of projected inpatient cases for all its facilities, excluding dedicated open heart and C-section cases,
26 times 3.0 hours) plus (Number of projected outpatient cases for all its facilities times 1.5 hours)] divided by 1872
27 hours} minus the total number of existing, approved and proposed operating rooms, excluding dedicated open heart
28 and C-Section operating rooms in all of its licensed facilities in the service area. A need is demonstrated if the
29 difference is a positive number greater than or equal to 0.50.

30 (↔) (d) A proposal to develop an additional operating room to be used as a dedicated C-section operating room shall
31 not be approved unless the applicant ~~documents that the average number of surgical cases per operating room to be~~
32 ~~performed in each facility owned by the applicant in the proposed service area, is reasonably projected to be at least~~
33 ~~2.4 surgical cases per day for each inpatient operating room (excluding dedicated open heart and dedicated C-~~
34 ~~section operating rooms), 4.8 surgical cases per day for each outpatient or ambulatory surgical operating room and~~
35 ~~3.2 surgical cases per day for each shared operating room~~ reasonably demonstrates that an average of at least 730
36 cases per dedicated C-Section operating room will be performed in the dedicated C-Section operating rooms during
37 the third year of operation following completion of the project.

~~(d)~~ (e) An applicant proposing to convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or to add a specialty to a specialty ambulatory surgical program shall provide documentation to show that each existing ambulatory surgery program in the service area that performs ambulatory surgery in the same specialty area as proposed in the application is currently ~~operating at 4.8 surgical cases per day for each outpatient or ambulatory surgical operating room, 7.2 gastrointestinal endoscopy cases per day for each gastrointestinal endoscopy room, and 3.2 surgical cases per day for each shared operating room.~~ utilized an average of at least 1,872 hours per operating room per year, excluding dedicated open heart and C-Section operating rooms. The hours utilized per operating room shall be calculated as follows: [(Number of projected inpatient cases, excluding open heart and C-sections performed in dedicated rooms, times 3.0 hours) plus (Number of projected outpatient cases times 1.5 hours)] divided by the number of operating rooms, excluding dedicated open heart and C-Section operating rooms.

~~(e)~~ (f) An applicant proposing to convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or to add a specialty to a specialty ambulatory surgical program shall ~~provide documentation to show that each existing and approved ambulatory surgery program in the service area that performs ambulatory surgery in the same specialty areas as proposed in the application is reasonably projected to be operating at 4.8 surgical cases per day for each outpatient or ambulatory surgical operating room, 7.2 gastrointestinal endoscopy cases per day for each gastrointestinal endoscopy room, and 3.2 surgical cases per day for each shared surgical operating room prior to the completion of the proposed project.~~ reasonably demonstrate the need for the conversion in the third operating year of the project based on the following formula: [(Total number of projected outpatient cases for all ambulatory surgery programs in the service area times 1.5 hours) divided by 1872 hours] minus the total number of existing, approved and proposed outpatient or ambulatory surgical operating rooms and shared operating rooms in the service area. The need for the conversion is demonstrated if the difference is a positive number greater than or equal to one, after the number is rounded to the next highest number for fractions of 0.50 or greater.

~~(f)~~ (g) The applicant shall document the assumptions and provide data supporting the methodology used for each projection in this Rule.

*History Note: Authority G.S. 131E-177; 131E-183(b);
Eff. November 1, 1990;
Amended Eff. March 1, 1993;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. January 4, 1994;
Temporary Amendment Eff. January 1, 2002; July 1, 2001;
Amended Eff. August 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective August 1, 2002;*

1 *Amended Eff. April 1, 2003;*
2 *Temporary Amendment Eff. January 1, 2005;*
3 *Amended Eff. November 1, 2005;*
4 *Temporary Rule Eff. February 1, 2006;*
5 *Amended Eff. November 1, 2006.*